

NOV 20 2009

ROCKEY, DEPKE & LYONS, LLC233 S. WACKER DRIVE, SUITE 5450
CHICAGO, ILLINOIS 60606
PH: (312) 277-2006
FX: (312) 441-0570**FACSIMILE TRANSMISSION**TOTAL PAGES (Including Cover Page) 11 DATE: 11/20/09Commissioner of Patents and Trademarks
TO: Examiner: Duc T. Doan FROM: Robert J. Depke, Reg. No. 37,607FAX NO: (571) 273-8300

MAIN FAX NO.: (312) 441-0570

ALTERNATE FAX NO: (312) 876-1325*If you experience any difficulty with this transmission, please call (312) 277-2006 for assistance.***ORIGINAL COPY AND ENCLOSURES**☐ WILL BE SENT BY ☐ MAIL ☐ COURIER
☒ WILL NOT BE SENT**NOTES:**Inventor: Bernadette Depke et al.
Serial No.: 10/806,201
Art Unit: 2188
Filed: March 22, 2004
Attorney Ref.: 092970.00002

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| CERTIFICATION OF FACSIMILE TRANSMISSION | |
| I hereby certify that this facsimile transmission was made on 11/20/09 at 10:18 AM, and that the transmission was received by the addressee at the address listed below. | |
| Transmitted by: Robert J. Depke | |
| Received by: [Signature] | |
| Received at: [Signature] | |

IMPORTANT NOTICE

This transmission (including all attached pages) is intended only for the use of the named addressee(s), and may contain information that is privileged or exempt from disclosure under applicable law. **IF YOU ARE NOT A NAMED ADDRESSEE, YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS TRANSMISSION IS STRICTLY PROHIBITED.** If you have received this transmission in error, please destroy all copies and notify us immediately at this telephone number: (312) 277-2006.

RECEIVED #0131 P.002/011
CENTRAL FAX CENTER

NOV 20 2009

PTO/SB/21 (09-04)

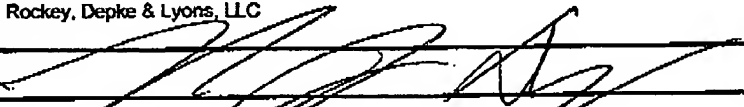
Approved for use through 07/31/2008, OMB 0651-0031

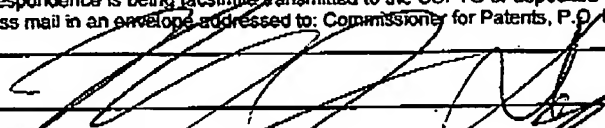
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|-----------------------------------------------------------------------------------------|------------------------|-------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/806,201 |
| | Filing Date | Mar 22, 2004 |
| | First Named Inventor | Bernadette Depke et al. |
| | Art Unit | 2188 |
| | Examiner Name | Duc T. Doan |
| Total Number of Pages in This Submission | Attorney Docket Number | 092970.00002 |

| ENCLOSURES (Check all that apply) | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks The Commissioner is hereby authorized to charge any fees due or to credit any overpayment to Deposit Account No. 50-3891. | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--------------------------------------------|--------------------------------------------------------------------------------------|----------|--------|
| Firm Name | Rockey, Depke & Lyons, LLC | | |
| Signature |  | | |
| Printed name | Robert J. Depke | | |
| Date | 11/20/09 | Reg. No. | 37,607 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------|----------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature |  | | |
| Typed or printed name | Robert J. Depke | Date | 11/20/09 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.